

Benton-Franklin Health District
Safe Babies, Safe Moms
7102 W. Okanogan Place - Kennewick, WA 99336
Phone: (509) 582-0834 Fax: (509) 582-0164

REFERRAL INFORMATION FORM

Date of Referral: _____

Name of Person and Agency making the referral: _____ Phone: _____

Last Name: _____ First Name _____ DOB: ____/____/____

* Must be 18 years of age or older to qualify for this program.

Address: _____ City _____

Phone: _____ Message Phone: _____

Does this person reside in Benton or Franklin Counties? Yes No

Does this person or her children currently have a medical coupon? Yes No

Target Child Information

Is this person pregnant? Yes No Due Date: ____/____/____ Name of OB: _____

If not pregnant, what is the name of youngest child? _____ DOB: ____/____/____

Family Information

Is there a spouse or significant other living in the same household? Yes No Name: _____

Name and DOBs of person's other children

Child: _____ DOB: ____/____/____ Placement: _____

Is this person CPS involved? Yes No If yes, name of worker? _____

Drug History Information

Drug of Choice? 1) _____ 2) _____ Last Use? _____

Has this person had an assessment? Yes No Where? _____

Is this person currently in treatment? Yes No Where? _____

Comments

Referral Taken By: _____ Assigned to: _____ Enrolled? Yes No